

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES  
and  
AREA AGENCY ON AGING

MONITORING TOOL FOR IN-HOME AIDE SERVICES

Community Service Provider: \_\_\_\_\_  
Review Date: \_\_\_\_\_ State Fiscal Year \_\_\_\_\_  
Interviewer: \_\_\_\_\_  
Person(s) Interviewed and Title: \_\_\_\_\_

\*\*\*\*\*  
**\* INDICATES RECOMMENDED PRACTICE.**  
**(Not a required compliance item.)**  
\*\*\*\*\*

PROGRAM ADMINISTRATION

1. What level(s) of the service are offered by the Community Service agency? (Check all that apply)

☐ Level I,  
☐ Level II  
☐ Level III  
☐ Level IV  
☐ Provider of Level III-Personal Care  
(Pages 4, 5 & 6 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

2. Aide supervisory contact standards

A. When aides are **new** to the community service agency:

- 1) The supervisor(s) has completed at least two home visits in the first month of the aide's employment to observe the work of each worker.

Yes\_\_\_ No\_\_\_

- 2) The supervisor(s) has conducted additional visits, as needed, to respond to the capabilities of the aides and the needs of the clients.

Yes\_\_\_ No\_\_\_

(page 16 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

B. When the aides and agency have an established working relationship:

- \* 1) For new assignments a supervisory home visit or telephone call to the aide is made within the first calendar week. Yes\_\_ No\_\_
- 2) For aides serving Level I clients, a quarterly on-site visit to the home of at least one client the aide is serving is made. Yes\_\_ No\_\_
- 3) For aides serving Level II clients, a quarterly on-site visit to the home of at least one client the aide is serving is made. Yes\_\_ No\_\_
- 4) For aides serving Level III - Personal Care clients, aide supervisory visits are in compliance with 10 NCAC 3L .1110 (Home Care Agency Licensure Rule which states that "the appropriate supervisor as specified in paragraph (a) or (b) in this Rule shall supervise an in-home aide or other allied health personnel by making a supervisory visit to each client's place of residence at least every three months, with or without the in-home aide's presence, and at least annually, while the in-home aide is providing care to each client to assess the care and services being provided"). Yes\_\_ No\_\_
- 5) For aides serving Level III - Home Management and Level IV clients an on-site visit at least every 60 days to the home of at least one client the aide is serving is made. Yes\_\_ No\_\_
- \* 6) In each of the intervening months the supervisor has some type of contact with each of the aides and the client/designated person. Yes\_\_ No\_\_
- \* 7) For Level IV clients the

social worker conducts  
weekly conferences with the  
aide.

Yes\_\_\_ No\_\_\_

- C. If services are offered on an  
"after hours" basis (e.g.  
evenings, overnight, on  
weekends), is supervision  
available to the aides during  
any time period they are assigned  
to work?

Yes\_\_\_ No\_\_\_

(Pages 16 & 17 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

3. Competency Requirements for Aides Employed.

- A. Between 12-1-91 and 7-1-93

- 1) All aides have demonstrated  
competence for the specific  
tasks they have been  
individually assigned.  
Competence has been documented.

Yes\_\_\_ No\_\_\_

(Page 13 - In Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

- 2) Aides performing any Level III  
Personal Care tasks have met  
the competency requirements  
for that level and are  
registered with the NC  
Division of Facility Services  
as Nurse Aide I's within 4 months of  
employment at this level.

Yes\_\_\_ No\_\_\_

(Page 13 - In-Home Aides Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

- B. After 7-1-93

- 1) Aides hired after 7-1-93

meet the competency requirements for the level of service they are regularly required to perform within one year of employment at that level.

Yes \_\_\_ No \_\_\_  
Yes \_\_\_ No \_\_\_

\* 2) Competence is documented.

(Testing is not required if newly hired aides have documentation from a previous employer or training program that competency requirements are met.) The agency conducts job specific competency testing for newly hired aides.

Yes \_\_\_ No \_\_\_

3) Aides required to perform selected tasks at a higher level (other than Level III, Personal Care) have documented competence in the specific tasks.

Yes \_\_\_ No \_\_\_

(Page 13 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

4. The Community Service Agency's Responsibility for Training/Testing

A. The community service agency has assured that competency testing is appropriately administered. (For example: conditions for demonstrating tasks before the appropriate professional; competency testing which reflects tasks and knowledge required of the aide; a competency check-off list; etc.)  
(Page 14 - In-Home Aide Services Standard)

Yes \_\_\_ No \_\_\_

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

B. The community service agency has assured that aides have sufficient

training to pass a competency test  
for the level of service the aides  
will provide. (For example: the  
aide's personnel file contains  
competencies completed, agency records  
contain training offered with names  
and dates of those who attended, etc.) Yes\_\_ No\_\_  
(Page 14 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

(To determine "B" above, the agency must address the  
following:)

- \* What methods does the community service agency use to  
ensure that aides are sufficiently prepared?

- \* What specific curricula (if any) are used?

5. The NC Home and Community Care Block Grant Provider Agency's  
Responsibilities When Services are Purchased.

- A. The provider agency has  
executed a contract with a  
community service agency that

provides In-Home Aide Services  
for the relevant time period.

Yes\_\_ No\_\_

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

- B. The contractee is capable of  
providing the level(s) of In-Home  
Aide Services contracted for.

Yes\_\_ No\_\_

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

- \* C. The contract addresses  
the following items:

- 1) Selection of qualified  
aides.
- 2) Assignment of aides to  
clients.
- 3) Provision of supervision  
that meets the standard  
for level(s) provided.
- 4) Assurance that aides  
meet the competency  
requirements for the  
level(s) of service  
provided.
- 5) Fulfillment of employer  
financial obligations.
- 6) Provision of backup  
service when usual aide  
is unavailable.
- 7) Communication procedures  
between the client, the  
provider agency, and the  
community service agency.
- 8) Negotiation and Communication  
of the In-Home Aide Services  
Plan.

Yes\_\_ No\_\_

Yes\_\_ No\_\_

Yes\_\_ No\_\_

Yes\_\_ No\_\_

Yes\_\_ No\_\_

Yes\_\_ No\_\_

Yes\_\_ No\_\_

Yes\_\_ No\_\_

- D. The Home and Community Care Block  
Grant Service Provider complies  
with the Purchase of Service  
procedures as specified in 45 CFR.  
Part 92.36. For example:
- competitive sealed bids
  - competitive proposals
  - noncompetitive proposals

- small purchase procedures Yes\_\_ No\_\_

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

E. Formal contract monitoring occurs at least annually. Problems with meeting contract requirements are dealt with on an on-going basis. Yes\_\_ No\_\_

{NC Division of Aging Home and Community Care

Block Grant County Budget Instructions

Standard Assurances - DAAS-735(1)}

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

#### 6. Policy for In-Home Aide Services

\* A. Does the community service agency have written and approved policy and procedures to guide staff in managing and administering the service? (e.g. as documented by the Agency's approval to provide the service by the governing body, Board of Directors, etc.) Yes\_\_ No\_\_

Documentation verifying compliance. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

B. Does the policy address the following?

1) Level(s) of service to be provided; Yes\_\_ No\_\_

2) Method(s) of service provision to be utilized (e.g. direct or through contract); Yes\_\_ No\_\_

3) Provision of respite care; Yes\_\_ No\_\_

4) Use of waiting list or inquiry list. Yes\_\_ No\_\_

5) Other (describe) \_\_\_\_\_

C. Screening/Intake document is completed for each client. Yes\_\_ No\_\_

(Page 10 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

- D. Appropriate agency staff complete the client assessment and conduct quarterly reviews/quarterly home visits. Yes\_\_\_ No\_\_\_  
(Page 11 - In-Home Aide Services Standard)

- E. For Level II and for Level III (PC), the quarterly reviews/reassessments are conducted in the client's residence. Yes\_\_\_ No\_\_\_  
(10 NCAC 3L .1202 - Home Care Agency Licensure)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

- F. Is agency policy followed correctly? Yes\_\_\_ No\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### SUMMARY OF CLIENT RECORD REVIEW

For the client record review section, pull a random sample of 5-10% of the active client files, or not less than 10. Use the attached questions to review each client file. You will need to make a copy of the attached questions for each of the client files reviewed. After reviewing the client files, complete the questions listed below to summarize client record information.

Of the \_\_\_\_\_ (number) of client files reviewed,

1. \_\_\_\_\_ (number) had a completed initial assessment form;
2. \_\_\_\_\_ (number) initial assessment forms were signed and dated by the appropriate professional;
3. \_\_\_\_\_ (number) had a reassessment form completed within 12 months of previous assessment or reassessment;
4. \_\_\_\_\_ (number) reassessment forms were signed and dated by the appropriate professional;
5. \_\_\_\_\_ (number) client files contained the required quarterly review which were completed by the appropriate professional;
6. \_\_\_\_\_ (number) client files contained a service plan based on the assessment/reassessment which indicated the need for In-Home Aide Services;





This represents \_\_\_\_\_% of the total units reported for the month of \_\_\_\_\_, G€€\_\_.

Identify by client the date(s) on which a unit(s) could not be verified:

| CLIENT NAME | DATE (S) | UNVERIFIED<br>UNIT (S) |
|-------------|----------|------------------------|
| _____       | _____    | _____                  |
| _____       | _____    | _____                  |
| _____       | _____    | _____                  |
| _____       | _____    | _____                  |
| _____       | _____    | _____                  |
| _____       | _____    | _____                  |
| _____       | _____    | _____                  |
| _____       | _____    | _____                  |
| _____       | _____    | _____                  |
| _____       | _____    | _____                  |

{ copy and give to provider if Unverifiable Units are found }

\*\*\*\*\*

Signature of AAA Administrator/DAAS Staff \_\_\_\_\_ Date \_\_\_\_\_

**NORTH CAROLINA DIVISION OF AGING  
and**

**AREA AGENCY ON AGING**

**MONITORING TOOLS FOR IN-HOME AIDE SERVICES**

Community Service Provider: \_\_\_\_\_  
Review Date: \_\_\_\_\_ State Fiscal Year: \_\_\_\_\_  
Reviewer: \_\_\_\_\_  
Client Name: \_\_\_\_\_

\*\*\*\*\*

**CLIENT RECORD REVIEW**

**1. Client Assessment/Reassessment**

**a. Assessment/Reassessment addresses:**

|                                 |        |       |
|---------------------------------|--------|-------|
| 1) Physical Health              | Yes___ | No___ |
| 2) ADL Functioning              | Yes___ | No___ |
| 3) IADL Functioning             | Yes___ | No___ |
| 4) Social Support Status        | Yes___ | No___ |
| 5) Mental/Emotional Functioning | Yes___ | No___ |

6) Economic Functioning Yes\_\_\_ No\_\_\_  
7) Environmental Status Yes\_\_\_ No\_\_\_  
(Page 11 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

- b. Assessments/reassessments are conducted in the individual's or family's home; by an appropriate professional(s). Yes\_\_\_ No\_\_\_  
(Page 11 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

- c. Initial assessment is completed prior to development of In-Home Aide Service Plan and initiation of In-Home Aide Services; and is signed and dated by appropriate professional. Yes\_\_\_ No\_\_\_  
(Page 11 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

- d. Reassessment is conducted at least every twelve months and is signed and dated by the responsible professional. Yes\_\_\_ No\_\_\_  
(Page 12 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

- e. A review of the individual's/ family's situation is conducted and documented at least quarterly. (For Level II and Level III-PC, Home Care Licensure requires a quarterly visit to the home of each client.) Yes\_\_\_ No\_\_\_  
(Page 12 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

- f. A written client service plan is developed which ties assessment information to the need for In-Home Aide Services. Yes\_\_\_ No\_\_\_  
(Page 12 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

2. Eligibility is established

(Pages 8 & 9 - In-Home Aide Services Standard)

- a. Individual meets the criteria for the target population. No other need criteria are imposed. Yes\_\_\_ No\_\_\_  
b. Documentation based on assessment need for the service is referenced. Yes\_\_\_ No\_\_\_  
c. Waiting list status is documented, (if applicable). Yes\_\_\_ No\_\_\_  
d. Services are denied and reason documented if not provided promptly. Yes\_\_\_ No\_\_\_  
e. DAAS-101 are current and complete. Correct In-Home Aide Services code is entered. (Sec. 4, Attachment 3 - NC Home and Community Care Block Grant Procedures Manual for Community Service Providers) Yes\_\_\_ No\_\_\_

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

3. A copy of a completed service cost-sharing form which addresses the purpose of Service Cost-Sharing, the total cost of the service, the agency's procedures for requesting Service Cost-Sharing, and a statement indicating that services will not be terminated for failure to contribute is contained in the service recipient's file. Yes\_\_\_ No\_\_\_  
(Page 116 - NC Home and Community Care Block Grant Procedures Manual for Community Service Providers)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

4. A copy of an updated Service Cost-Sharing form exists in the client's file indicating that the following information was reviewed with each service recipient on an annual basis:

- |  |         |        |
|--|---------|--------|
| a. the purpose of the Service Cost-Sharing;  | Yes ___ | No ___ |
| b. the agency's procedures for requesting Service Cost-Sharing;  | Yes ___ | No ___ |
| c. that services will not be terminated for failure to share in the cost of the services received; and | Yes ___ | No ___ |
| d. the total cost of the service.  | Yes ___ | No ___ |
- (Page 113 - Home and Community Care Block Grant Procedures Manual for Community Service Providers)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

6. Service Provision

- a. In-Home Aide Service Plan is developed; it includes:

- |  |         |        |
|--|---------|--------|
| 1) measurable client outcome goal(s) (to be addressed by In-Home Aide Services); | Yes ___ | No ___ |
| 2) level(s) of service provided;   | Yes ___ | No ___ |
| 3) specific tasks performed;   | Yes ___ | No ___ |
| 4) frequency of service provision;   | Yes ___ | No ___ |
| 5) anticipated duration of service;  | Yes ___ | No ___ |
| 6) conditions for continuing or discontinuing service;                           | Yes ___ | No ___ |
| 7) signature of professional developing the plan; and                            | Yes ___ | No ___ |
| 8) signature of client/designated person.  | Yes ___ | No ___ |

(Page 12 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

- b. All changes in tasks are documented  
and dated on the service plan. Yes\_\_\_ No\_\_\_  
(Page 13 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

- c. Amount of service delivered is  
consistent with amount authorized  
on the In-Home Aide Service Plan. Yes\_\_\_ No\_\_\_  
(Page 21 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

7. Competency Requirements

- a. Aide assigned is competent to  
perform all tasks assigned for  
client. Yes\_\_\_ No\_\_\_  
(Page 13 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

- b. Aides assigned any Level III -  
Personal Care tasks for clients  
have met the NC Division of Facility  
Services competency requirements  
and are registered as a Nurse Aide I  
within 4 months of being assigned  
these tasks. Yes\_\_\_ No\_\_\_  
(Page 13 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

8. Other documentation re: Purchase of  
Service, if applicable.

- a. Service and Level for client are  
correctly authorized. Yes\_\_\_ No\_\_\_  
(Page 11 & 12 - NC Home and Community Care Block  
Grant Procedures Manual for Community Service Providers)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_

8. Termination of Service

If service is terminated,  
documentation of reason is  
referenced in the client's record.

ÁÁYes\_\_ÁÁS~ŽŽ

(Page 19 - In-Home Aide Services Standard)

Documentation verifying compliance: \_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_

9. Organization of Record

Comments:

10. General Comments: